

Please type a plus sign (+) inside this box →[+]

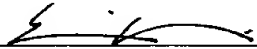
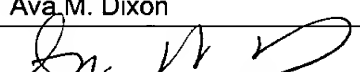
PTO/SB/122 (11-96)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS</b>  <i>Application</i>  Address to: Commissioner for Patents Washington, D.C. 20231	<b>Application Number</b>	09/535,015
	<b>Filing Date</b>	March 24, 2000
	<b>First Named Inventor</b>	Shunpei YAMAZAKI et al.
	<b>Group Art Unit</b>	2811
	<b>Examiner Name</b>	S. Crane
	<b>Attorney Docket Number</b>	0756-2131

Please change the Correspondence Address for the above-identified application to:		<b>Place Customer Number Bar Code Label here</b>	
<input checked="" type="checkbox"/> <b>Customer Number</b>	<div>31780</div> Type Customer Number here		
<b>OR</b>			
<input checked="" type="checkbox"/> <b>Firm or Individual Name</b>	Robinson Intellectual Property Law Office		
<b>Address</b>	PMB 955		
<b>Address</b>	21010 Southbank Street		
<b>City</b>	Potomac Falls	<b>State</b>	VA
<b>Country</b>	U.S.A.		
<b>Telephone</b>	571-434-6789	<b>Fax</b>	571-434-9499
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).			
I am the:			
<input type="checkbox"/> Applicant			
<input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFF 3.73(b) is enclosed.			
<input checked="" type="checkbox"/> Attorney or agent of record.			
<b>Type or Printed Name</b>	Eric J. Robinson, Reg. No. 38,285		
<b>Signature</b>			
<b>Date</b>	July 18, 2002		
<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date below:			
<b>Type or printed name</b>	Ava M. Dixon		
<b>Signature</b>		<b>Date</b>	July 18, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.